

ON HOSPITAL

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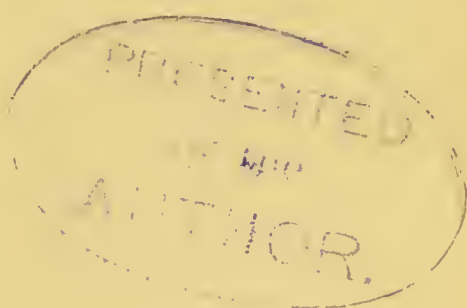
AND

MEDICAL REFORM IN DUBLIN

BY

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It was the intention of the writer of this pamphlet to have read it at a meeting of one of the medical societies, as an introduction to a discussion on important changes required in the governing and examining boards of the medical and surgical corporations, in the teaching at the Dublin medical schools and hospitals, and in the treatment of the sick poor in our hospitals, but he was prevented doing so by unforeseen circumstances.



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ON

HOSPITAL AND MEDICAL REFORM

IN DUBLIN.

AT few periods in the history of Medicine and Surgery in Great Britain has a more determined spirit of reform existed than at present among the medical practitioners of England and Wales, and their good example, it is to be hoped, will soon extend to this country.

Nearly all so-called medical reforms up to this have been put on at the expense of the students' pockets and on their overburdened shoulders, by making lectures compulsory, to the neglect of practical work. A Fellow and Tutor justly remarked, at a meeting of a society in this city, that the School of Surgery and Medicine in Dublin in a great measure owed its reputation to its practical study of anatomy, but that owing to students at present having so many other subjects to attend to, dissections were greatly neglected. The president of the evening was one who holds a high position in a corporate institution: in his reply and intended reprimand to the Junior Fellow who had the temerity to make such true remarks, he said when he was a student he had as many lectures to attend, and that he had ample time for dissecting; but he forgot

to mention the important fact that attendance at lectures in his time was not compulsory.

Most authorities on medical reform have commenced at the wrong end: where we should begin in this city is with the authorities and examiners of the corporate institutes, the teachers and hospital surgeons and physicians. The corporate institutes for years have been throwing dust in the eyes of the public and great body of medical practitioners, by letting them suppose that individuals who are Fellows, Councillors, or Examiners, of the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland, are, by necessity of holding such qualifications, superior in professional knowledge, abilities, and other acquirements, to the ordinary Licentiate or Member of their colleges, whereas the only difference, in the majority of instances, is a monetary one, to purchase the distinction.

The Fellowship candidate at the Royal College of Surgeons, no doubt, passes a *pro form* examination, the efficacy of which varies according to the state of the funds of the college or the necessity of manipulating individuals of the governing board seeking positions in the college, which they are doubtful of obtaining without their introducing new followers. Instances are known where batches of Licentiates under such circumstances have been run through.

Members of the King and Queen's College of Physicians in Ireland are not examined for the Fellowship, but on paying their money are usually elected by ballot. Licentiates who were qualified before 1878 can obtain the membership of the King

and Queen's College of Physicians by applying for it in proper form, but those seeking the distinction since that time have to pay a fee of twenty guineas, so that, evidently, the manufacture of new degrees pays very well.

The commonalty of the medical profession have been continually hearing the Fellows of the various corporate and university institutes speak of the necessity of keeping up the honour and dignity of the profession, and of advancing its interests. What examples have we of these individuals keeping up the so-called honour and dignity of their calling? Is it by a Fellow during his presidential year of office being told in a public court by the judge to leave the witness box, as his evidence was untrustworthy? Is it by the production of a misnamed work on a scientific subject, which is purchased principally by the depraved portion of the public, in consequence of the manner in which one or two chapters are written and treated? Is it by bringing forward at the various societies cases as cured, and not mentioning anything about the failures? Is it by the exhibition of unpleasant scenes and narrow-minded jealousies in the operating theatre or at the bedside of the patients? Is it by hospital physicians and surgeons having their names on the headings of prescriptions given to the out-patients, when, in the majority of instances, they were prescribed for by the assistants or residents?

How have the corporate institutes advanced the interests of medicine and surgery? Is it by appointing individuals to the presidential and other high positions in their colleges, to which they were

not entitled through mental or other qualifications? Is it by passing groups of men who were imperfectly educated at the request of an influential member of their body, in order to have these men poured into the service, as a sham, to show how popular it was, when the contrary at the time was the fact, and especially as the medical officers in the service were seeking to have grievances redressed? Is it by appointing Fellows to examine on subjects of which it was said the candidates were better acquainted?

The public and the profession require no more sham honour and dignity, nor your style of advancing the interests of medicine and surgery. Up to the present, the only interests you advanced were those of your corporate institutes and the cliques connected with them. The public and the profession are no longer to be awed by your imposing buildings, official ceremonies, forms, and documents.

To bring about reforms in the management and examinations the Fellowships should be abolished, or, in future, candidates should have to pass an honest, strict, and searching examination, and that competent men should be chosen as examiners, when not found among the Fellows, from the Members, Licentiates, or wherever they can be obtained. That the Licentiates and Members should be permitted to return representatives to the council or managing boards of their respective colleges, in order to have their interests and that of the public attended to.

In England an association which has the able support and advocacy of the *British Medical Journal* has been formed for the purpose of advancing the

interests, and to support the rights of the general practitioners, in having members returned to represent them on the Council of the Royal College of Surgeons in England. The practitioners of Ireland should form, with the aid of the Press, which has nearly always supported right against wrong, a similar association, but one having wider aims.

What is required in the practitioners of the future is quality and not quantity. An examining board should be formed by choosing what is best out of each of the universities, King and Queen's College of Physicians, Royal College of Surgeons, and the Apothecaries Hall. No candidate should be allowed on qualifying to enter into the active practice of his calling until he should have treated cases under a qualified physician and surgeon.

The system of teaching in many of the Dublin medical colleges and schools has not kept pace with the advances made, nor do many of the lecturers adapt themselves to the requirements of the examinations. What is required is an amalgamation of the present tutorial and lecture system, "having more of the colloquial and less of the sermon, to make the students see, feel, and reason for themselves." Systematic lectures on Anatomy, Surgery, Practice of Medicine, Midwifery, and Materia Medica should be made optional; all teachers should be chosen by open competition, and none appointed that could not be able, by illustration or experiments, and in clear, intelligible language, to impart information. There are so-called professors in this city, some of them very able men, who cannot teach. It is lost time for students to be obliged to attend

such lectures. Under an optional system the ablest teacher would always draw the largest classes.

Our hospital teaching is defective, and one of its most important branches, that of pathology, with few exceptions nearly completely neglected.

As an aid to pathological inquiry, it would be of advantage if the subjects for dissection had a short history of some of the main symptoms sent with them and indicated on a card to be hung up at either end of the table. In this way many specimens that are now valueless could be utilised with advantage to the students and medicine and surgery.

The French mode of allowing students to attend any hospital they like, on paying their fees into a common fund—the accumulated fees to be paid to the hospital physician or surgeon, in proportion to the number of students that attend his clinic, is commendable.

For the sake of the proper treatment of the poor in our hospitals, it is expedient that no physician or surgeon be permitted to have more than twelve patients at a time under his care, unless he gives up all appointments and attends to his hospital patients alone. Some of the greatest advances and best work done in surgery and medicine have been accomplished by men, as we all know, who had very few patients under their care in hospital.

The hospital in this city at present in which the patients are best minded and treated is one of the smallest, having a numerous staff in proportion to the number of patients. The majority of the physicians and surgeons connected with it are the most industrious in Dublin, as can be seen by the amount

of good work brought by them before the various societies.

The primary intention of hospitals should not be lost sight of, and persons holding physiciancies and surgeoncies to such institutions should be informed that it is for the good of humanity and the advancement of medicine and surgery they are permitted to hold such appointments, and they should in future be held responsible to the community for not doing their duty. At present, most surgeons and physicians use their hospital as a means of advancing their personal interests, and for which, under existing circumstances, they should not be blamed.

No surgeon or physician should be appointed to an hospital for a longer term than ten years, and to be subject to removal or reappointment on it being shown he has worked according to his abilities diligently during his period of office.

The following statement, taken from F. J. Mouat, M.D., in his portion of the work on Hospital Construction and Management, applies to hospital appointments in this city. He says: "The present mode of appointments of the medical officers to our hospitals is, to say the least, very objectionable, as in many instances inferior men are appointed through nepotism, and the next step adopted by the corporate institutions is to absorb these inferior individuals into their body by making them Fellows, as, by so doing, they, by having more interest with the colleges, are induced to make the students take out their degrees at such, and that means so much money."

Connected with some of our city hospitals, are

persons whose interests have been advanced by their foster-parents and others to the injury of deserving men and suffering humanity. The dictum of some surgeons is, that humanity is born to be operated on, as it has been said by others that they, by their acquirements, natural dexterity, and proficiency in the art of surgery, may carve themselves into practice. Persons have said, how can surgeons obtain sufficient experience and dexterity to do good to the upper classes unless they experiment on hospital patients? The upper classes should know they are not always free to escape from the unnecessary knife of such a class of men no more than their poorer brethren.

A surgeon has been known who inflicted unnecessary pain, and perhaps shortened the patient's life, by tying one of the largest arteries in the body; it is charitably to be hoped that it was owing to his ignorance of anatomy and physiology at the time he did such an unjustifiable operation. This surgeon has always been fond of what are termed bold operations, and is said, by some of his colleagues, to adapt his unfortunate patients to the operation—not the operation to the requirements of the case. On another occasion this individual inflicted unnecessary torture by not putting his patient under æther or chloroform, because, indeed, he was in a hurry.

How many students, after seeing an operation, watch the future progress of the case? Should they have done so, in some instances, they would have found no operation should have been performed. In after years, in practice, meeting what

appeared similar cases, they operate to the detriment of the patient and their own repute.

Another great torment inflicted on the poor, owing to hospital surgeons frequently not having sufficient time to attend to their patients, is the deferring of appointed operations. One can scarcely imagine what an ordeal it must be, in the majority of instances, to have perhaps a formidable operation to undergo, for which you have been told to prepare a day or so before, but which when the time comes for its performance, is put off, owing to the surgeon having a more lucrative or other engagement.

Parents sent one of their children into hospital for a deformity. The surgeon under which the case came discovered a tumour, for operating on which he had a great partiality. He did so, and when remonstrated with by the parents, he told them if they did not hold their tongue he would not try and cure the disease for which the little one was sent into hospital.

Other surgeons have been known to tell a patient an operation was requisite without explaining its nature. In some instances, patients have been surprised, on coming to their senses from under an anæsthetic, to find themselves minus a limb.

To prevent such abuses a Consulting Board should be appointed, chosen from the ablest surgeons and physicians in the city, who should consult with the staff of the hospitals before the students in all cases requiring operations, except urgent ones.

Many physicians and surgeons treat the sick poor in our hospitals as if they had no feelings, and sometimes unnecessarily expose them at all temperatures

in draughts, and, perhaps, without sufficient covering, while examining them. F. J. Mouat says: "Clinical teaching should not be permitted to become a source of annoyance to patients further than is absolutely necessary."

What can be said in defence of a surgeon—one who never takes the slightest notice of the students attending his hospital, although, no doubt, he takes share of their fees? Or of another surgeon who, in a blustering way, announces to the class that, in consequence of being in a passion, he will not operate? He is certainly honest, and, no doubt, it is better for his patients. What can be said of a physician who has been known to remain not more than ten or twenty minutes in fever wards, where he had from twenty to thirty cases, and when requested to look at a patient, tucked up his coat and made himself as small as possible, and, after putting on a wry face, stretch forth at arms length and touch the body or pulse merely with the tips of his fingers; he would then enter the medical wards, where a poor creature who could not sleep from pain, cough, or difficulty of breathing during the night, was looking forward to his visit to obtain relief; but what would the patients find to their dismay, and the industrious and zealous students to their disgust, but the physician turn his back to a fire or a bed, and after relating some facetious story retire from the wards without having observed more than one or two patients.

Some of our special hospitals and the special departments of the general institutions require supervision. Some time since, a surgeon was found

to be doing an operation in one of these special hospitals which had been condemned as useless (and which was liable to be followed by serious results), by the ablest specialists in his department.

In a special department in one of our hospitals, the out-patients are to be found frequently, at a late period of the day, awaiting in momentary expectation the arrival of the doctor, who often does not put in an appearance. The out patients of all hospitals should be attended to as soon as possible, as the time of the poor, and especially that of a mother or father, who have to look after the welfare and support of their little ones, is of more importance than with the well-to-do members of the community.

Buck, in his work on Hygiene and Public Health says: "While large hospitals offer greater advantages for clinical instruction, and give more *eclat* to officials connected with them, *the smaller establishments* are, without doubt, *most advantageous* for the *patient*. No single hospital ought, *under any circumstances, to contain more than 100 patients* under the one roof. And *all recent* writers on the subject are agreed *that patients* are best treated in one-story detached pavilion wards."

The only hospitals in this city which approach the pavilion or isolating system are the Richmond, Whitworth, and Hardwicke: in each of these you have treated separately surgical, medical, fever, and contagious diseases, and there are very seldom 100 patients undergoing treatment in each at a time. These institutions are also situated sufficiently far from one another to prevent all chances of disease being communicated, and are also surrounded with

fine open spaces, and are sufficiently near each other for clinical purposes.

The closing of these hospitals would be a great injury to the poor of Ireland, as they are the only hospitals in this city in which surgical, medical, fever and contagious diseases are not treated under the one roof.

The poor who are not suffering from contagious or febrile diseases, should learn to know that it is dangerous for them to go into any general hospital, as a patient, where such cases are admitted, even though they be treated in separate wards.

Some physicians and surgeons frequently permit patients to leave or even discharge them from hospital before they are sufficiently convalescent or free from relapses, not considering, in the majority of instances, the wretched condition of the homes to which these poor people have to return.

I would urge the necessity of reforms and improvements in medicine and surgery in this city on the grounds of public utility, and in the interests of medicine and surgery. The ablest of the followers of medicine and surgery could never be sufficiently educated. We, however, should remember the aim of medicine and surgery is the removal and alleviation of suffering and the prolongation of existence.

